

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047308



Indicate
North
by Arrow

Unknown accident location, date, and time.

POI for V1 was to the rear bumper, right side

AGL-15-25"

All blanks and unknowns due to accident
being a hit and run

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V1 stated he arrived at 4801 N 15th around 1230hrs on 05-26-16. Owner of V1 said he came back outside around 1620 hours and observed damage to the rear bumper on the right side of his vehicle. Owner of V1 didn't know when or where the accident occurred. Based on the location of where the vehicle was parked when the owner observed the damage it appears as though the accident occurred at a different location.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2		
1					POINT OF IMPACT	04	POINT OF IMPACT		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Driver No. 1		Driver No. 2		
2					MOST DAMAGED AREA	04	MOST DAMAGED AREA						Y		Y		
1	13				06 Turning left								N		N		
2					08 Entering traffic lane								X		X		
					00 None		02	03	04					BAC LEVEL			
					09 Top & windows		01		05					ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	
					10 Undercarriage		08	07	06					1 Neither alcohol nor drugs suspected		5	
					11 Total (all areas)									2 Yes - alcohol suspected		5	
					12 Other									3 Yes - drugs suspected			
														4 Yes - alcohol & drugs suspected			
														5 Unknown			

OFFICER NO. 1666	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Andrew Arnold		INVESTIGATOR SIGNATURE Approved by Officer Andrew Arnold	DATE OF REPORT 05/31/2016